HCFA-PM-85-14 SEPTEMBER 1985

4 (BERC)

ATTACHMENT 4.18-C

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OMB No.:

0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

		S	TATE:			
Α.	The following	charges are	imposed on th	e medically	needy for se	rvices:
Serv	rice and Basis	4		Type of	Charge	
for Determination		Deduct.	Coins	Co-pay.	Amount	
Non-	-Emergency outpat (vis	ient servic	es		х	\$ 3.00

A co-payment study was conducted within Georgia and a comparison study with other states was completed. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a co-payment.

TN No. 93-29

Supersedes TN No. 85-24

Approval Date 3-10-94

Effective Date 7-1-93

HCFA-PM-85-14 SEPTEMBER 1985 (BERC)

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Page 1.001 OMB No.:

0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

Α. 3	ine lollowing	Charges	are i	mposed	on the	e medically	needy	for	services:
				Type of Charge					
Service and Basis for Determination		Deduct. Coins		Coins	Co-	pay.	Amount		

A co-payment study was conducted by the Georgia Office of Planning and Budget and the Department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard co-payment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a co-payment.

TN No. 94-617 Supersedes TN No. New

Approval Date_____7/

7/6/94 Effective Date

7/1/94

HCFA-PM-85-14 SEPTEMBER 1985 (BERC)

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Page 1.002 OMB No.:

0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: GEORGIA_

A.	The	following	charges	are	imposed	on	the	medically	needy	for	services:
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Service and Basis		Type o	f Charge	
for Determination	Deduct.	Coins	Co-pay.	Amount
Nurse practitioners evaluation				
and management office visits			X	2.00

A co-payment study was conducted by the Georgia Office of Planning and Budget and the department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard co-payment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a co-payment.

HCFA-PM-85-14 SEPTEMBER 1985 (BERC)

ATTACHMENT 4.18-C

Page 1.003 OMB No.:

0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

A. The following charges are imposed on the medically needy for services:

Service and Basis	Type of Charge				
for Determination	Deduct.	Coins	Co-pay.	Amount	
Durable Medical Equipment			×	\$3.00	
Durable Medical Supplies and Renta	als		×	1.00	

A co-payment study was conducted by the Georgia Office of Planning and Budget and the Department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard co-payment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a co-payment.

TN No. 94.030 Supersedes TN No. New FEB 0 3 1995

Effective Date

7-1-94

HCFA-PM-85-14 SEPTEMBER 1985 (BERC)

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OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

A. The following charges are imposed on the medically needy for services:

Service and Basis		Type of	Charge	
for Determination	Deduct.	Coins	Co-pay.	Amount
Orthotics and Prosthetics Services			X	\$3.00

A co-payment study was conducted by the Georgia Office of Planning and Budget and the department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard co-payment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a co-payment.

HCFA-PM-85-14 SEPTEMBER 1985 (BERC)

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Page 1.005 OMB No.:

0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

The following charges are imposed on the medically needy for services: A.

Service and Basis for Determination	Deduct.	Type o Coins	f Charge Co-pay.	Amount
Home Health Services			×	53.00

A co-payment study was conducted by the Georgia Office of Planning and Budget and the Department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard copayment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a copayment.

TN No. 94-032 Supersedes TN NO. LEW

2/7/95 Approval Date__

_____ Effective Date_

7/1/94

HCFA-PM-85-14 SEPTEMBER 1985 (BERC)

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Page 1.006 OMB No.:

0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

A. The following charges are imposed on the medically needy for services:

Service and Basis	······································			
for Determination	Deduct.	Coins	Co-pay.	Amount
				
Non-Emergency Transportation			x	\$1.00

A co-payment study was conducted by the Georgia Office of Planning and Budget and the Department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard co-payment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a co-payment.

TN No. 94.033 Supersedes TN No. New

Approval Date 2/7/95

Effective Date

7/1/94

HCFA-PM-85-14 SEPTEMBER 1985 (BERC)

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OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: _GEORGIA

A. The following charges are imposed on the medically needy for services:

Service and Basis for Determination	Deduct.	Type of C	harge Co-pay.	Amount
Optometric evaluation and manageme office visits	nt		x	\$ 1.00

A co-payment study was conducted by the Georgia Office of Planning and Budget and the Department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard co-payment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a co-payment.

TN No. 94-034 Supersedes TN No. 74-334 New

HCFA-PM-85-14 SEPTEMBER 1985 (BERC)

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Page 1.010 OMB No.:

0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

A. The following charges are imposed on the medically needy for services:

Service and Basis	Type of Charge						
for Determination	Deduct.	Coins	Co-pay.	Amount			
Pharmacy Services			Υ Υ	\$ 50			

A co-payment study was conducted by the Georgia Office of Planning and Budget and the Department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard co-payment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a co-payment.

TN No. 94.038 Supersedes TN No. New

Approval Date 2/21/95 Effective Date 7-01-94

HCFA-PM-85-14 SEPTEMBER 1985 (BERC)

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Page 1.011 OMB No.:

0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

The following charges are imposed on the medically needy for services:

Service and Basis		Type of		
for Determination	Deduct.	Coins	Co-pay.	Amount
Ambulatory Surgical Centers			x	\$3.00
Rural Health Centers			x	2.00

A co-payment study was conducted by the Georgia Office of Planning and Budget and . the Department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard copayment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a copayment.

TN No. 94-029 Supersedes TN No. NIW

FEB 0 3 1995 Approval Date

Effective Date